

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/19/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155730		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 , 02 B. WING _____		(X3) DATE SURVEY COMPLETED R 08/17/2011	
NAME OF PROVIDER OR SUPPLIER RIPLEY CROSSING				STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WHITLATCH WAY MILAN, IN 47031			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Comparative Federal Monitoring Survey conducted on 07/20/11 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/16/11</p> <p>Facility Number: 000420 Provider Number: 155730 AIM Number: 100266230</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this PSR survey, Ripley Crossing was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC). The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a two hour separation from Wing 5 labeled as the Rehabilitation Wing to the northwest of the original building and a two hour separation from Wing 4 to the Residential Wing to the southeast of the original building. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 100 and had a census of 94 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety</p>			{K 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1	{K 000}					
{K 000}	Code Specialist-Medical Surveyor on 08/18/11. INITIAL COMMENTS A Post Survey Revisit (PSR) to the Comparative Federal Monitoring Survey conducted on 07/20/11 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 08/16/11 Facility Number: 000420 Provider Number: 155730 AIM Number: 100266230 Surveyor: Mark Bugni, Life Safety Code Specialist At this PSR survey, Ripley Crossing was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC). The 2007 Wing 5 Rehabilitation Wing was surveyed with Chapter 18, New Health Care Occupancies. The 2007 Wing 5 Rehabilitation Wing addition to the one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 100 and had a census of 94 at the time of this survey.	{K 000}					